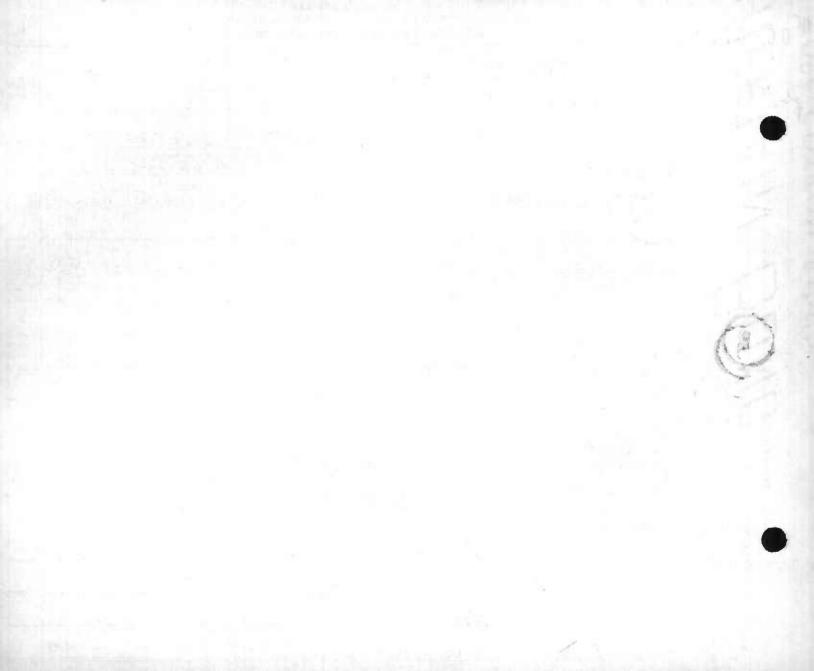
+	FOR 1- STATE	DEPARTMENT	STATE OF MARYLAND TOF HEALTH AND MENTAL HY	GIENE A	1 4 4 9 4	
00-07849	REGISTRAR		MINER'S CERTIFICATE OF	KEG. IN		
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDE	LAST	20 DATE KNOWN (
W 2 4 5 E		FODORE	CEPHAS	DEATH MATED	J 5/24 1986 5:30	
FCESSARY, PHASINERAL DIRECTOR FOR YOUR FILE WITHIN 72 HOUR PRESTON STREET	Male Black	5. DATE OF BIRTH MONTH DAY YEAR LAST	E (IN YEARS IF UNDER 1 YR. IF UNDER 24 BIRTHOAY) MONTHS DAYS HOURS A	HRS. 2c. DATE PRONOUNCED DEAD	5 24 19 86 7:134	
ALD YOU	7a. BIRTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	YRS.	9 BALTIMORE CITY	OR COUNTY OF DEATH	
S S S S S S S S S S S S S S S S S S S	FOREIGN COUNTRY)	U.S.	* MARRIED NEVER MARRIED WIDOWED DIVORCED	Dorches	ter County MD.	
DELAY IS NECESSARY. 110 THE FUNERAL DIRI N PAGE 5 POR YOUR 10 SEALED, WITHIN 721	ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AT, 33/			
DEL 3 3 TO B B P P	USUAL RESIDENCE (IF IN NURSING HOME	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION)	laporev		
120 FEOURANY	130. STATE 13h COUN		YES NO	RITE BOX 21-	B Virang Md. 2186	
D 22, 32, D	14 FATHER'S NAME	MIDDLE (LAST	15. MOTHER'S MAIDEN	NAME	LAST	
PASES PEAT	Theodo-e	Cephas.	Sr. Ernestin	e	Harris	
L., BALTIMORE, M. URS AFTER DEATH E. GIVE PAGES 1, WITH FORM PM. I. PAGES 1 AND DIVISION OF WITH	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SE WAR OR DATES)	CURITY NO. 17. INFORMANT	ADDRES	S	
ALT SIVE SIVE VISIC		213-70	0-9751 Theodore	ephas 32	lienna Moi 21869	
MI PER CONTRACTOR	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane couse per line for (a), (b), and (c).)		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH	
ON S THE M LONG LONG SENE VAL		TE CAUSE (o) Crushing	injury of chest			
MAN WOW	877	DUE TO, OR AS A CONSEQUE	ENCE OF			
A 22 4 8	Conditions, if any, which gave rise to immediate					
	couse (a) stating the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
A HOOGH B			HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	(0)		
I RECORD WID BE FE PANDIA P	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS					
A PEE	3 19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?	ALLEN VICTOR	20 AUTOPSY?	
2 XETTAR (YES X NO	
A STATE OF THE STA		21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM IS	8 PART 1 OR PART 2)	
NO PER PORTER	CONTRIBUTING CAUSE OF		1986 Car accident			
DIVISION OF VIT R. THIS CERTIFICATE SH TE, WRITING THE WOR RWARDED TO THE CI R. PAGE 3 SHOULD RE E STATE DEPARTMENT D. 21201 PRIOR TO BUIL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT H	OME, 211 LOCATION STREET	Vienna	Dor. Md.	
CATE, TO CAT	22a certify that I took charg	e of the remains described obave, hel	d an Autopsy K Inspection	, Inquiry . o	and in my opinion	
E EXAMINER: E CERTIFICATE DUID BE FORM I. MINER THE MARYDAND.		ral causes Accident X		Undetermined manner	, and many opinion	
EXAMENTE BOIRE	1 6	1 7. 0	TITLE (SPECIFY)			
AL POPULATION	ACTUAL SIGNATURE	to beach	M.D. Dep.	_MEDICAL EXAMINER	DATE 5-27-86	
PEDIC A SET TO DEAN WORL	EXAMINER'S NAME DOTO	r W. Rieckert, M.	D Fact	New Market,		
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FATE OF TUNERAL DIRECT A FITE DEATH WITH JITE BALTIMORE, MARENDA	(TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL		ADDRESS	23d LOCATION	110. 21031	
	(SPECIPITY)	5/29/01 1/	OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE	
BP	24 FUNERAL DIRECTOR	7/21/84/10h	25a. DATE REC	TO. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE	
DHMH - 17 (VR A15 ME (5))	NAME -	ADDRESS	ich MAY	0 - 1006 1/0.	Davidson-Randon	
15M 2/80	- reward +un	wal stone Ja	USDA YITIAI			



	STATE OF MARTLAND	
0-06879	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 REG. NO.	4 9 5
by be one of death	DECEASED NAME FIRST MIDDLE LAST LAST (TYPE OF PRINT) WILLIAM Conrad CRANON 5 10 80	2b. HOUR
ees mo)	Male 4. RACE White 5. DATE OF BIRTH MONTH CAY YEAR 70 YRS. WONTHS DA	HOURS MIN.
A Mare of the Part	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED DENCHESTER	MD.
1 1163	CAMBLIDGE GENOT IN SUCH FACILITY, GIVE STREET ADDRESS) RETIRED (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST	D OF BUSINESS OR RY
LAND 21	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. GUNTY 132. GITY OR TOWN 134. INSIDE CITY LIMITS? 130. STREET ADDRESS RT 4 Bot 23	613
MARY 1 1000	4 FATHER'S NAME FIRST William Conrad Cranor Victoria Abbott Chess 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	man
TIMORE CONTRACTOR	Yes WWII Korea 148-10-9839 M. Smiles Cranor Item # 13	
W	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PROBABLE BASILAR ARTERY TAROMBOSIS	ROXIMATE INTERVAL EEN ONSET AND DEATH
death carendary care control of course control of course control of course cour	Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF MYSCARDIAL INFRACTION (b) MASS WE POSTERIOR MYSCARDIAL INFRACTION	3 /2 thes
ot w. P	couse (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF HEART SESENSE. Second of the underlying cause last.	U 4/13
ORDS, 2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DEEDSE OR CONDITION GIVEN IN PART BY FELT WILL CARDIOVASCULAR SUSCESSION OF THE TERMINAL DEEDSE OR CONDITION GIVEN IN PART BY FELT WILL CARDIOVASCULAR SUSCESSION OF THE TERMINAL DEEDSE OR CONDITION GIVEN IN PART	16
TAL REC The lacion. The lacion. The lacion. The lacion. The lacion.	198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FIN IN CERTIFYING CAUSES 1206. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TERM 18. PART I OR PART	SES OF DEATH?
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TEN TOR Or us of He	278. I certify that (I) (this hospital) attended the decrosed fram 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	
by the hosp by the hosp ERAL DIREC: e detoched for Stote Dept. o	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	10/84
TO HOSPITAL retained by the TO FUNERAL should be det with the Stote with APORTANT:	DONALO R. MELVILLIAMS, M.D. 308 GAYST CHAMBELOGE, MD. 21	613
BP		Md. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	Thomas Funeral Home 700 Locust St. Md. MAY 1 5 1986 Julie Varidson-A	

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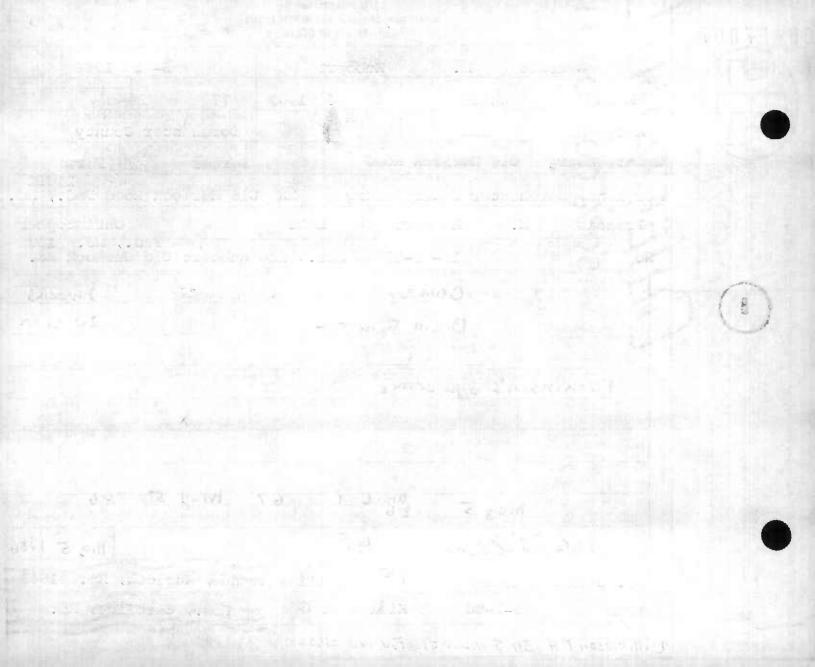
00-0686	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					1	4 4	9	6
m.e		OR PRINT)		MIDDLE	L	AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR					
d 90			OLPH .	J.	J. DOTSON			5	7	86	112/	PM
4 44	3. SE	X	4. RACE		S. DATE C		6. AGE INY	EARS LAST BIRTHDA	Y) IF	UNDER I YEAR	HOURS	A HRS
and		m	131a		6	12 1933		52	YRS.			_
1 135	Ea	RTHPLACE (STATE OR FOREI COUNTRY) St New Marke	et, Md. UK	WHAT COUNTRY?	WIDOWE	The state of the s	DOYCLOCKER - MD.				MD.	
. 1143		ambridge, Mo	(IF NOT IN SU	CH FACILITY, GIVE STREET	HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACHITY, GIVE STREET ADDRESS) STORY GENERAL HOSPITAL			occupation k for most of wo nic-Can	nbrid	INDUSTRY	e Cen	
AND 212	13a. S		nome or other institution . COUNTY Dorchester	I.GIVE RESIDENCE BEFORE 1136. CITY OR TOW Hurlock	N	13d. INSIDE CITY LIMITS? YES NO	PO Bo	ADDRESS × 834	21	164	13	
MARYL MARYL		Amos Dotson	MIDDLE	LAST	- /	Is. MOTHER'S MAIDEN NA Lillian	ME	MIDDLE		LAS	ST.	
BALTIMORE, MARYLAND The rest profile 24 Colline on profile 24 (Section 24) The rest profile 24 (Section 24) The rest profile 24 (Section 24) The rest profile 24 (Section 24)		VAS DECEASED EVER IN L YES. NO OR UNKNOWN) (IF	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES)	217-28-3		Mildred B. I	otson,	PO Box	c 834		21643 Lock,	Md.
RDS, 201 W. PRESTON ST equires that the death (arti- n signed by the attending. Then please remove cor on to burial, cremation, or injury, or other troumatic.	NO	Canditions, if ony, wh gove rise to immedi cause (a), stating underlying cause li	ote the ost. (b)	DR AS A CONSEQUE	NCE OF	rhethmi(E OR CONDITI	ON GIVEN	IN PART 10	0,	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of the certificate been significate been significate been significate been significate being the hond Mental Hygiene prior to be orked or term-18 shows ony injury	CERTIFICATION	190. DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	NO NO IN	b. IF YES, V I CERTIFY II YES	VERE FINDI	NGS USED OF DEATH	1?
SION OF VITA PHYSICIAN: T ending physici this certificate the buriol-transi and Mental Hygi dan Hem-48 sh		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CALS	E OF BEATH HOUR A	M. MONTH DA	MEAR 119	21c. HOW INJURY OCCUR	RED (ENTER NA	NTURE OF INJURY IN	ITEM 18 PART	OR PART 2		
UG PHYSON offer this fer this of shood Au hond Au	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK INDITIONS NOT ANY THE	21e PLACE	OF INJURY REET, FACTORY, OFFICE F.	APM. ETC.)	211 LOCATION STREET	NIT	A TITY OF TOWN		COUNTY	STA	ATE
R ATTENDIN hospitol or RECTOR. Aff red for use o		220.1 certify that (1) (this saw The deceased a above, (1) twe) (did)		5.7 19	86. or	29 86 od that in (my) (our) opinion	deoth occurre	d on the date of	, 19 and hour a	nd from the	that (1) (we causes state	e) Tout
the Doctor		22b. SIGNATURE	Que	20	2		MEDICAL DIRECTOR	STAFF PHYSICIAN	No.	22c. DATE	SIGNED 7.86),
O HOSPITA TO FUNERA should be diving the Sto		224 PHYSICIAN'S NAME	WILE			220 ADDRESS	ary 18	en a	38	do	nbic	tge
	23a E	SURIAL, CREMATION, REM				EMETERY OR CREMATORY	and the second	ORTOWN	7.	OUNTY	STA	ATE
BP	24. FI	Burial JNERAL DIRECTOR	Play 10), 1986 Jo	nns C	emetery 25a. DAT	Pres	ton, Ca	REGISTRA		rylan	1d
DHMH - 16 50M 4/82 (VRA 15, 4)	In	amptim - k	sindual	Ber 43	Ted s	nd 21632 MA	Y 1 419			dson-R		

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OF PRINT) May 28, 1986 10 Walter Edwin Gunby Jr. 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH MONTH Male White March 16,1908 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY) Dorchester Co. US Marvland WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Physician Cambridge Sandy Acres DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Cambridge Sandy Acres Md. Dorchester 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Walter Edwin MIDDLE Alberta Brittingham Gunby Sr. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-12-0573 Marie B. Gunby Item # Yes WW APPROXIMATE INTE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN CAVOLAC Grotie Heart Disease Canditians, if any, which gave rise to immediate couse ioi, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED THE PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on a, and that in (my) (execupinian death accurred an the date and haur and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN [FUNERAL DIRECTOR 22e ADDRES 2 ORT 23g. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation CITY OR TOWN STATE 5/29/86 Del. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS Cambridge (VRA 15 (4)) Thomas Funeral Home 700 Locust St.



	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	HENE & A	2 4 9 8
007 L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
3	Everett	. M.	Hubbert	5- 5	1986 M
3	SEX 4	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
	Male	White	4 6 1909	77 YRS	ONTHS DAYS HOURS MIN.
21-17	BIRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED ANEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
OB	Maryland	USA	WIDOWED DIVORCED	Dorchester C	ounty MD.
2	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
0	Federalsburg	Old Hurlock	Road	Farmer	Farm
	SUAL RESIDENCE (IF NURSING HOME OR O 80 STATE 136 COUNT Maryland Dorch	THER INSTITUTION GIVE RESIDENCE BEFOR Y 13c CITY OR TOW nester Federa	Ladursion) 13d. Inside city Limits? 1sburgs - North	13: SIREET ADDRESS Old Hurlock Ro	21632 ad Fed., Md.
(2)	FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
10	Francis T	Hubber	t El'Ia	WIDDLE	Christopher
The medic	a WAS DECEASED EVER IN U.S. ARM INFO OR UNKNOWN) INFYES GIVE V	219-03-	23334 Mrs.Alice		, Må. 21632 urlock Rd.
event	PART I. DEATH WAS CAUSED IMMEDIATE	BY: Coma			2 WCCKS
domon	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF THE BUILT -		20 years
other th	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
injury, or	PART 2. OTHER SIGNIFICANT CO	on's Syn de	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 11a
2	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
-	OR CONTRIBUTING TO CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
1	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	(IF ETHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 tcm	220-1 certify that (1) (this hospital saw the deceased alive on abave, (1) (we) (did) (did not)	mas > 10 8	, 19 6	to May 5, 19	ond from the causes stated
lie lie	22b. SIGNATURE	O O	DEGREE		22c. DATE SIGNED
	Choch 1-1	Ollins	HP ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	may 5 1886
7	22d PHYSICIAN'S NAME (TYPE ORP		MP 220 ADDRESS	venue, Hurlock	. Nd. 21643
- 5			NAME OF CEMETERY OR CREMATORY	123d LOCATION	22010
	Burial	5-7-86	Hillcrest Cem	Fed. Carol:	igne, Md. STATE
1/81	DISTAMSON F. H. 3	3/1 5. main 37.5		EREC'D. BY REGISTRAR 256, REGISTR. 21, 1980; Julia David	AR'S SIGNATURE



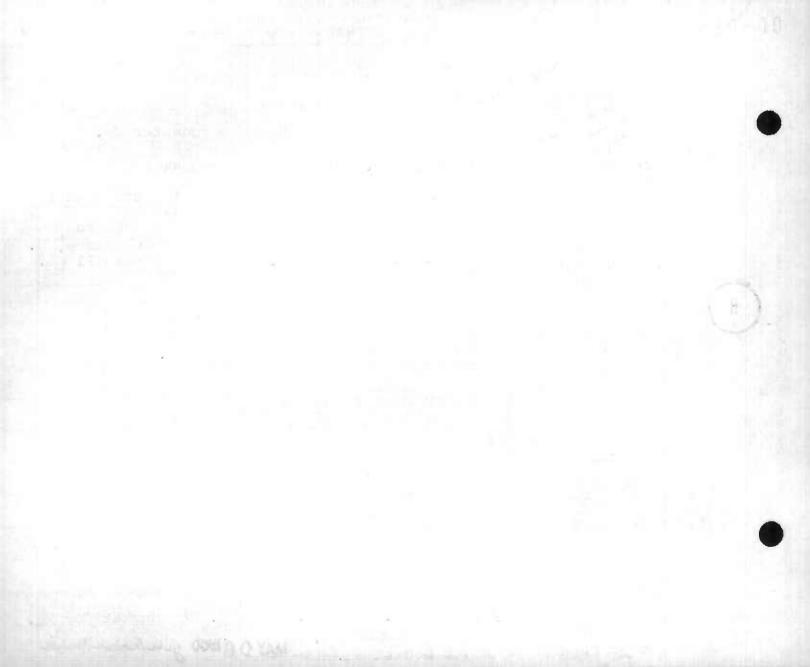
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-530 YLAND RICHARD DEATH MATED A M 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 67 33 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Nr. Delmar, Del. U.S.A Dorchester WIDOWED DIVORCED BACITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS OR INDUSTRY Vienna. Md. DOA Dorchester General Hospital Machine Operator Con Agra Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13% COUNTY 13a STATE 13c. CITY OR TOWN 33d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Laurel Sussex YES NO X Rt. Box 286B Delaware M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Henry C. Hyland Elizabeth Truitt 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. Laurel. Del. No 221-38-2167 Elizabeth Truitt Hyland. Rt. 3. Box 286B 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING P.M. -5-24 1981 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (ATHOME. 211 LOCATION TREED, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK EXECUTE THE CEPTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR PAFER DEATH WITH THE START PAGE PAGE AND THE START PAGE AND TH 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Burial Ross Point Cometony Laurel, Sussex, Delaware BP/ 24 FUNERAL DIRECTOR Framptom-Hawkins Funeral Home, 216 N. Main St. DHMH-17 (VR A15 ME (5)) 15M 2/80

the state of the state of the and are a communication of the second formal letter letter. bearing a file Hans son , C . da . bonfer school carrows C f - - -Ball Sang St. St. or or 1 les and the second o mantal a time . A second AND THE STATE OF THE PARTY OF T

0-09175		FOR - STATE REGISTRAR	J 1921 20 11	RTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 4	500
nay be poge 3		CEASED NAME FIRST EOR PRINT) DeWitt	Clinton	Kinna	mon III	5/25/86	NTH DAY YE	25. HOUR 2: 20 pt
# 4 may	3. SE	×	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
O TOS		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	16. CITIZEN OF WHAT COUNTR	MARRIE		9. BALTIMORE CITY OR C Dorche		H MD.
E		Cambridge	11. NAME OF HOSPITAL, NUR OF NOT IN SUCH FACILITY, GIVE STE DOTCHESTER	enera	l Hospital	120. USUAL OCCUPATION (TYPE OF WORK EOR MOST OF W PRODUCTI	ORKING LIEFT INDLIS	nd of BUSINESS OR TRY TO1-mfg.
MARYLAND 2120 ed within 24 hours mpletely illed in b myd 2 sk old be live exception	130	Md. Do		OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3 Somers	et Ave.	21613
				amon J		MIDDLE	L	ane
BALTIMORE, cote be execut cote be execut copers. Poges 1 vol.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES 195	RMED FORCES? 166 SOCIAL SE 2-1954 220-26		Ruth Ann Is	ADDRESS Kinnamon	Item 13	
ST., BALT ertificate b g physicio non popers. removol.		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), ED BY: ATE CAUSE (a)	alary	Arrest		1	PROXIMATE INTERVAL VEEN ONSET AND DEATH
201 W. PRESTON state that the death cred by the ottending please remove corturial, crematian, or other troumotic,		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF DUE TO, OR AS A CONSEQ						
NG PHYSICIAN. The low requires the other dring physicion. There this certificate has been signed I as the buriol-tronsit permit. Here plea the ond Mental Hygiene prior to burial arkede, Hem 18 shows any injury, or any edge. Hem 18 shows any injury, or any other prior to burial arkede.	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHI	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO DIVIDING NO DIVIDINA DIVIDING NO DIVIDING NO DIVIDING NO DIVIDING NO DIVIDING NO DI			
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HOSPITAL OR ATTEND and by the hospital or FUNERAL DIRECTOR. A side detached for use the State Dept. of Heal ORTANT: If them 21 is m		sow the deceased olive o above (1) we (dia vidid n 17% SIGNATURE	oital) attended the deceased from 19 ot) view the body after death	86.0	nd that in my (our) opinion DEGREE ATTENDING	death occurred on the date	nio	the (II) (we) lost to the couses stated
TO HOSPITA retoined by 1 TO FUNERAl should be de with the Stot		Educand J BURIAL, CREMATION, REMOVA		C NAME OF C	10 Auror	23d. LOCATION	07/21)	= Ma(2K13
BP		burial	5/28/86	Dor. 1	demorial Pk.	. Cambridg	e Dor.	Md.
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR THOMAS FIINE	CRAT. HOME COM	MBRIDO	E MD JUN	CA MOSTRAPIA	REGISTRAP'S SIG	NATURE !!!

- 2 x 1 u0 = 0)

STATE OF MARYLAND 00-06287 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH VEAD 7h HOUR (TYPE OR PRINT) Pauline OSE RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS Female White June 10,1905 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Dorchester Co. US Kansas WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker Cambridge Dorchester Gen. Hospital ISUAL RESIDENCE (15 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Dorchester Cambridge 520 Glenburn Avenue YES IX Marvland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Fuchs Barbara Diskau Frank ADDRESS Joppatown . Md. 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Elmer C. Kurth 419 Haverhill Rd. 214-07-7617 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS. CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased olive on_ , and that in (my) (our) apinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN F allular MD MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 94 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE COUNTY STATE Burial E. New Mkt. New Market Dor Cem 24. FUNERAL DIRECTOR ADDRESS Cambridge. DHMH - 16 60M 1/75 (VRA 15(4)) homas Funeral Home 700 Locust St

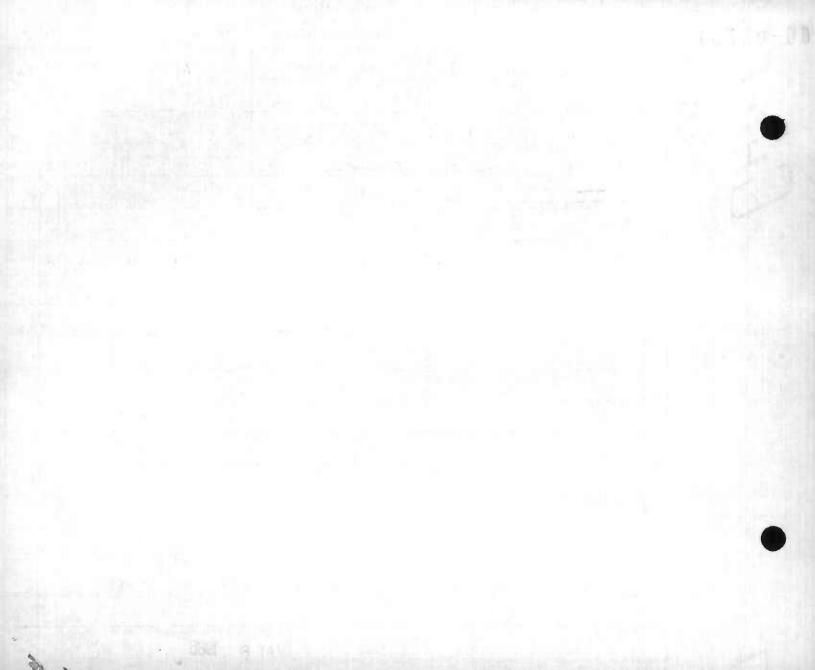


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME FIRST 2b. HOUR TYPE OR PRINTI John Frederick Luthy May 17,1986 0230 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS male cau. Nov 30 1901 To BIRTHPLACE (STATE OF FORFIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Nebraska U.S.A. Dorchester WIDOWEDKK DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Maple Dam Rd. rural route (TYPE OF WORK FOR MOST OF WORKING LIEE) INDUSTRY Cambridge farmer, self. AUSUIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Maple Dam Rd. 21613 Dor. ambridge NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Godfrev Luthy Nanette Groetter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Box 90 214-32-7369 No John F. Luthy Jr. Cambridge Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. 115845 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO T 216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an MIN 1.5 19 de , and that in (my) (son) apinian death accurred an the date and have and from the causes stated abave, (1) (are (did) (the not) view the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN RIRECTOR PHYSICIAN FUNER A 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY burial STATE 5/21/86 Dor. Mem. Park Cambridge Md. Dor. 24 FUNERAL DIRECTOR 156 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) FUNERAL HOME CAMBRIDGE MD.

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UU-	-08276	1	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 200
			CEASED NAME FIRST MIDDLE LAST 70. DATE KNOWN MONTH DAY YEAR 726. HOLD PE OR PRINT)
	EET,	3 SE	XOLA MAE MATONS DEATH MATED 5/31 1986 25 X 14 RACE 15 DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH, DAY YEAR 124 HOU
1	SARY, PICASE AL DIRECTOR, YOUR FILES, IN 72 HOURS	3 36.	T TA MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
	ESSARY ERAL DIR OR YOU THIN 72	7a. B	IRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? IR 9. BALTIMORE CITY OR COUNTY OF DEATH
	NECESSAR UNERAL S FOR YO WITHIN	1	WINDOWED DIVORCED DOREHESTER
	THE F	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF) T IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY
	DE STATE OF	USU	ALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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	1 1 1 1 1	14. F.	ATHER'S NAME FIRST MISCOS MIDDLE MID
95	33844	16a. \	WAS DECEASED EVER IN U. S. ARMED FORCES? 166. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS . A
	S AFIE GINE F	-	(IF VES, GIVE WAR OR DATES) 214-07-8030 HOSPITAL CHAPT ASI SPRICATESTER
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3	AND A PLANT OF THE PARTY OF THE		(c) GENGLACIZED HATSRIOSCIERCATIC (°, V. DESERTS) 7/19
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	CA HEAD	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
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400	WRIT CARRIED WARTE A A THE DIV	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK
	POR HEST		220. I certify that I took charge af the remains described above, held on Autopsy . Inspection Inquiry and in my apinian
	STIFIC SECT SECT SYLA		death resulted fram: Natural causes Accident , Suicide , Homicide Undetermined monner .
	H, WA		ACTUAL SIGNATURE AGAILLY MEDICAL EXAMINER SIGNED 6-1-86
	NERA SHA		EXAMINER'S NAME DE ALAS ALAS ALAS ALAS ALAS ALAS ALAS ALA
	TO ME EXECUTE PAGE TO FUI		(TYPE OR PRINT) DON ALLO THE CONTROL THE CONTROL TO LICE).
		23a. B	JURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN
07/8 25M			Durial D/6/86 1-8/hel (eme (ambridge, Dorchester Md.
	DHMH - 17	24. F	UNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME

00-05781	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	14504
M be		CEASED NAME FIRST (OR PRINT)	MIDOLE J.	Mc GLONE	20 DATE OF DEATH MONT	3 86 4:32AM
ge 4 moy be ector, poge irs ofter deal	3. SE		CAUCASIAN	S. DATE OF BIRTH MONTH DAY YEAR 11 30	6 AGE (IN YEARS LAST BIRTHDAY)	
heoth. Pog in 72 hour	7a B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR CO	DUNTY OF DEATH
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BALTIMORE, MARYLAND 21201 cote be recilied high by opers, from ovel. At, the imidian recition of the	130.5	AL RESIDENCE (IF NURSING F	13c. CITY OR TOV	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 734 SHERWO	OD DRIVE
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be condition on the first	100 \	NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE YES WW	NED FORCES? 166 SOCIAL SECTION AR OR DATES) 161-12	Α.		SHERWOOD OR
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201 W. F	ATION	cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEOU			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN. The low requires that the death certificate has been signed by the attending phase the burial-transit permit. Then please remove carbonp the and Mental Hygiene prior to burial, cremation, or remained or tem Il 8 show-any injury, or other traumatic even		19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
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A ATTEN hospitol RECTOR. ed for us pt. of He em 21 is		saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	19			nd hour and from the causes stated
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9998 99	(BURIAL	MAY 5,1986LA	ADY OF GOODCOUN	CITY OR TOWN	
0 DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR 30 CURRAN FUNERA		LAND 21613 MA	6 1986	REGISTRAR'S SIGNATURE

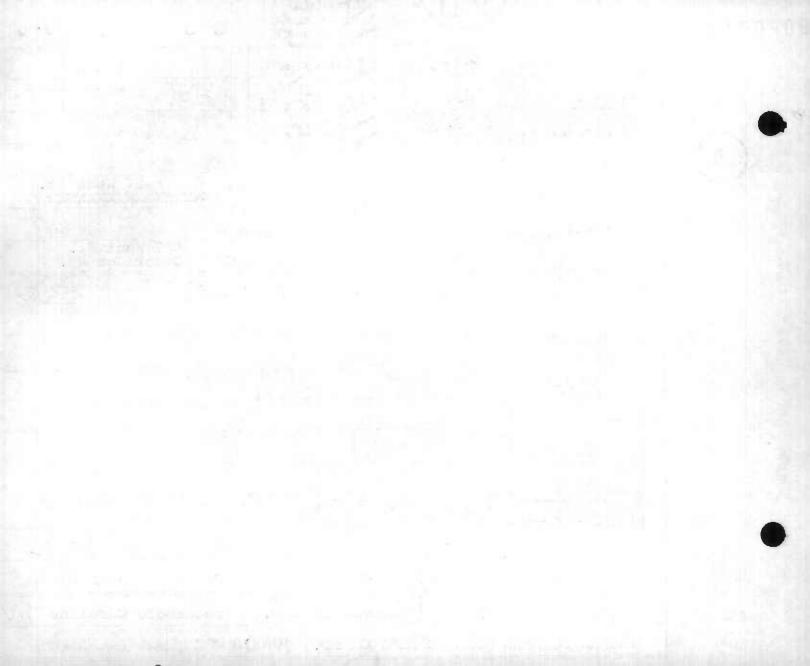


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		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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e b	3. SEX		4 RACE	L V 6 1 3	5. DATE C		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
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3 1		AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRI	SS	-	
9		ES, NO ON UNKNOWN) (IF TES, GI	No	214-16	-434	Gladys B.	Moore It	em # 1	3	
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CORTANT.		224 PHYSICIAN'S NAME (TYPE	OR PRINTI	myre.		ATTENDING PHYSICIAN D	DIRECTOR PHYSIC	IAN	3//	1//-
5/		Edmund J.	11 1	1.1:		10 Aurora	St. Can	bridge	41	2/17
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	23a. B	URIAL, CREMATION, REMOVAL Burial			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ce	PUNTY	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME EIDS1 2a DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) ALICE EVELYN SHOCKLE 86 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HTHOM DAYS HOURS FEMALE BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 154 ORLHESTER MARRICANIE WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETTRET BALTIMORE, MARYLAND 21201 LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 407 Kent St. 13a STATE 13d INSIDE CITY LIMITS? 11h STREET ADDRESS mal 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ZABETH APPOFF Kent St. 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Cambridge Md. Bonnie Foxwell 330 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY INFARCTION CARDIAL IMMEDIATE CAUSE 10 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 10 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospital) attended the deceased from and that in (my) (own opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL 10 should be deto with the Stote IMPORTANT: I FUNERAL PHYSICIAN TO PHYSICIAN T 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS no 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION (SPECIFY) burial 6/1/86 Greensboro Caroline Greensboro Cem. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 CAMBRIDGE MD. FUNERAL HOME (VRA 15 (4))

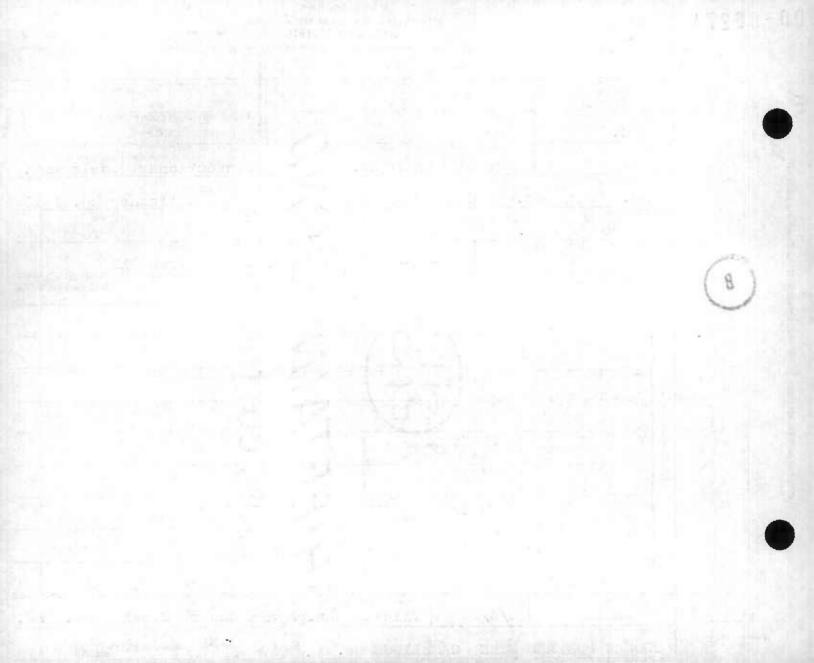


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR LOECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-KATHLEEN 5miTH 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED -31-16 DEAD White TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED 18 CITY OR TOWN OF DEATH OR INDUSTRY Education Teachers USUAL RESIDENCE 210 13e. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE RITCHE APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ACUTE MYECANDIAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the underlying cause lost. 19a. DATE OF OPERATION 20 AUTOPSY? SUSPENSION TON STRESS INCORTINENCE OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WORK COUNTY STATE Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinion deoth resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) 048 Burial Dorchester Cemetery Cambridge, Dorchester, Md. 6 - 3 - 8607/84 ADDRESS 308 High St. 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Home (VR A15 ME (5)) Curran Funeral

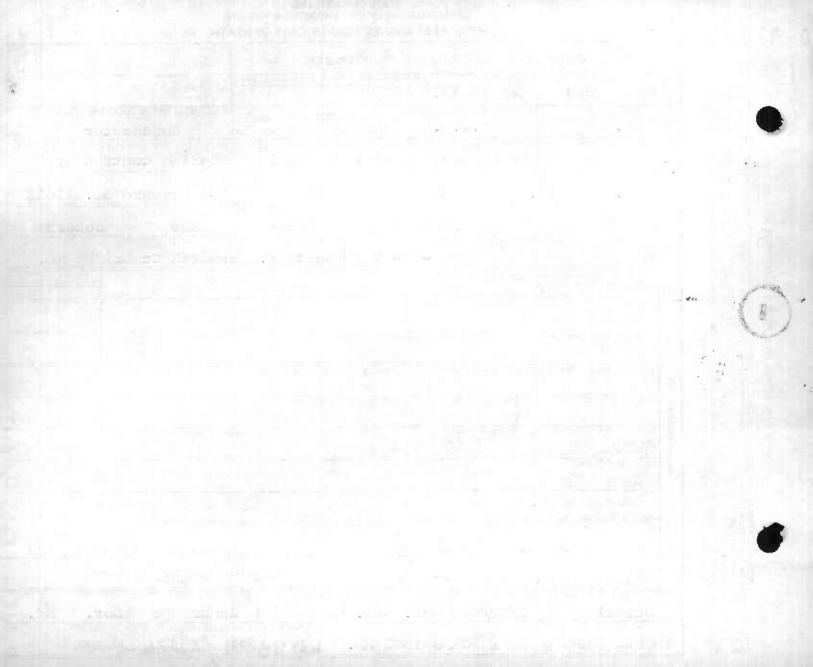
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ms /		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
page 3		Sidn		Thomas	May	3 1986 2:30gm
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o other	10	ambridge, Md.	11. NAME OF HOSPITAL, NURS OF HOST IN SUCH FACILITY, GIVE STREE OTHER DYING GE	NG HOME OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING WELDER	12b. KIND OF BUSINESS OR INDUSTRY Sheet Metal
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MORE,		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST		ADDRESS	
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RDS, 20 equires 1 signed Then ple taburia	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 100
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours or ottending physician. The this certificate has been signed by the attending physician and completely filled in the state that certificate has been signed by the attending physician and completely filled in the hand Mental Hygiene prior to burial, cremation, or removal. The day in the state of th	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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00 4 90 6			ottended the deceased from	19.85		, 19 Ses, that (we) lost
OR ATTEN OR ATTEN DIRECTOR Sched for u Dept. of Hem 21 is		sow the deceased alive of above (1) (see (did) (and to	in	, and that in (our) opinion	death occurred on the date and ho	our and fram the causes stated
74 740 7		226. SIGNATURE	4 Deen	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
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5 5 5 5 W	23e. E	BURIAL, CREMATION, REMOVA	L 23b. DATE 27c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
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DHMH - 16 50M 4/B2	24. FI	JNERAL DIRECTOR 308	HIGH STREET		TE REC.D. BY REGISTRAR 256 REGIS	
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W. PRESTON ST., BALTIMORE, MARYLAND 2120 the death entered within 24 hours by the attend of present times and completely filled in by se remove co.	he death cetter the other		Canditions, if ony, which gove rise to immediate	ly ane cause per line for (a), (b) BY: E CAUSE (o) DUE TO, OR AS ALON (b)	gestive	Henr.	1 Fau	lure		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH Y 2		
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ITAL by th RAL detc	State Dept		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE)	HW oorl		DEGREE A 22e ADDRES		MEDICAL ST.	AFF ICIAN []	5/2	186		
TO HOSPI retained to TO FUNE should be	with the Stat	27-	William H. Woo		122			106, Easto	n, Md	21601			
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DHMH-16 30M (VRA 15, 4)		24 F	UNERAL DIRECTOR CHOMAS FUNERA	L HOME CAM	BRIDGE	MD.	MAY	0 8 ISO	R 25b. REGIS	TRAR'S SIGNATI	JRE COL		



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) - 0	7655	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG. NO. 1 1. DECEASED NAME (TYPE OF PRINT) TO DEATH MATED DAY YEAR 126 HOUR OF ESTI-DEATH MATED DEATH DEATH MATED DEATH DEAT									
ad.	NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES. 7TH 172 HOURS FUEL ON STREET,	3. SE:	4. RAC	E 5. 1	Sep 10	6. AGE	(IN YEARS IF UN BIHDAY) MONT YRS.	NDER 1 YR. IF UNDER		MONTH DAY	19 P, M YEAR 2d. HOUR 19 M
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	TO MEDICAL EXAMINER: THIS CECULE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201 PL	<	WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes X; Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE								
	Bb———BAFTE	1	URIAL CREMATION, F DUTIAL UNERAL DIRECTOR			23c. NAME O		Park	23d LOCATION CITY OR TOWN Cambridge	e Dor.	
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		HOMAS FU	NERAL	HOME C	CAMBRID	GE MD.		REC'D. BY REGISTRAR 256. RE	down Bondal	IL.



18thru 22aFilmG616 STATE OF WARYLAND 00-07973 - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET. Richard Leo DEATH MATED X Wanex, Jr. 86 5. DATE OF BIRTH 4 RACE IF UNDER 24 HRS DATE 1:30 MONTH 4 PRONOUNCED 56 30 White DEAD 19 86 a. M To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED [DIVORCED A Dorchester County, RETAIN PAGE 5 O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Refrigeration Mechanic Main Street Secretary ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Main Street/21664 Dorchester 13d. INSIDE CITY LIMITS? Secretary MID 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Richard COX Beverly Wanex, Sr. Leo 16b. SOCIAL SECURITY NO. 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** Richard L. Wanex, Sr. Secretary, MD (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR GATES) 220-68-7734 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (a) PART I DEATH WAS CAUSED BY Ketoacidosis PRESTON IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Diabetes Mellitus gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS E3 SHOULD BE USED.
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TO PRIOR TO BURIAL, C 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 2 LE PLACE OF INJURY (AT HOME 211. LOCATION EXECUTE THE CERTIFICATE, WASHING PAGE & SHOULD BE PORWARDEE TO FUNERAL DIRECTOR: PAGE STATE DE AFTER DEATH, WITH THE STATE DE BALLINGRE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK AutopsyXX. 22a I certify that I took charge of the remains described above, held an Inspection Hamicide L Undetermined manner Assistant DATE 5-15-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY SPECIFY) Secretary, Dorch., MD STATE DurLadyofGoodCounsel Burial BP 16 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Zeller Funeral Home, East New Market, MD **DHMH - 17** 1986 June Wandson genous (VR A15 ME (5))

Tenent - 72 - 1 - 17 gar Tienera I. waner, dr. J. de tiener. La. Aprol , vieterose les luc localiste de la 22-t1-2-

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MD. 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maintenance Wildlife 13e STREET ADDRESS / ZIP CODE 615 Washington Mand Apt. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 7 NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred an the date and have and from the causes stated 22c. DATE SIGNED Meekins Neck Dor. Meekins Neck Cem. Burial 24 FUNERAL DIRECTOR AY REGISTRAR 256 BEGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 8 6 rsel 6 AGE (IN YEARS LAST BIRTHDAY) DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH ☐ NEVER MARRIED ☐ WIDOWED DIVORCED 126 KIND OF BUSINESS OR 13e STREET A 4 FATHER'S NAME DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. S. ARMED FORCES 60 WAS DE (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for (or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOZ YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive an ond that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ORTANT: DIRECTOR PHYSICIAN PHYSICIAN 70 22e. ADDRESS d b anman 230. BURIAL, CREMATION 23c NAME OF CEMETERY OF HINERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4))

